

## PART B - FEE(S) TRANSMITTAL



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	2292 7590 11/15/2005			have its own certifica	te of mailing or transmission.		
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)1 F	C:1501 1400.00 OP						(Signature)
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	APPLICATION NO.	FILING DATE	FIRST NAM		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	09/779,558	02/09/2001		Yuicl	hi Itoh	1254-0170P	6155
	TITLE OF INVENTION: COMPOSITION	LOW FOGGING THER	MOPLASTIC EL	ASTOMER	COMPOSITION AND MA	NUFACTURING METHO	D AND USE OF SAME
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	nonprovisional NO		)	\$300	\$1700	02/15/2006
	EXAMINER		ART UN	IT	CLASS-SUBCLASS	]	
	EGWIM, KELECHI CHIDI		1713		524-077000	_	
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
	Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 & BIRCH, LLP			
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	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						document has been filed for
	(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
	MITSUI CHEMI	Т	OKYO,JA	APAN			
	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government						
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	— 1984 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			☐ Payment by credit card. Form PTO-2038 is attached. (if necessary)			
				Deposit Acc	ector is hereby authorized by count Number 02-2448	charge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).
	5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.				cant is no longer claiming SMA		
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